

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 5, 1998

## ALL COUNTY INFORMATION NOTICE I-79-97

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CAL-LEARN COORDINATORS  
ALL COUNTY WELFARE TO WORK  
COORDINATORS  
ALL CAL-LEARN CASE MANAGEMENT  
AGENCIES

## REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation  
Change
- ☐ Court Order
- ☐ Clarification Requested by  
One or More Counties
- ☐ Initiated by CDSS

SUBJECT: CAL-LEARN, CALWORKS CHILD CARE, AND WELFARE TO WORK  
FORMS AND NOTICES OF ACTION

REFERENCE: ALL COUNTY LETTER 97-72  
ALL COUNTY LETTER 97-73  
ASSEMBLY BILL (AB) 1542, CHAPTER 270, STATUTES OF 1997

The purpose of this letter is to transmit revised forms and Notices of Action (NOAs) for county use in the Cal-Learn and Welfare to Work Programs, and to transmit the EP 5, Your Hearing Rights back to be used in the Cal-Learn, Welfare to Work and CalWORKS Child Care programs. Most of these forms and notices have been revised in order to implement the changes required in AB 1542. In addition the Welfare to Work/Cal-Learn Supportive Services Overpayment/Underpayment forms have been combined in order to reduce the number of forms the counties must see.

Attachment "A" provides information and forms regarding both the Welfare to Work and Cal-Learn programs' Supportive Services Overpayment/Repayment forms, transportation and ancillary expenses NOAs. Attachment "B" transmits the revised forms and NOAs unique to the Cal-Learn program as well as a list of all current Cal-Learn forms and NOAs. Attachment "C" transmits the revised EP 5, Hearing Rights back to be used in the Welfare to Work, Cal-Learn and CalWORKS Child Care programs. Please share this information with appropriate staff.

The forms and NOAs enclosed with this ACIN, except for the WTW 12, are being designated as **"Required Form - Substitutes Permitted."** Forms in this category are required forms for which modifications or substitutions are permitted with prior State approval. The county welfare department may modify these forms to add or obtain information that does not conflict with program policy/regulations. The WTW 12 form is

ALL COUNTY INFORMATION NOTICE

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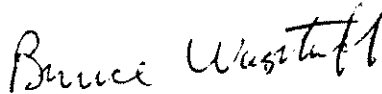
designated a "**Recommended Form.**" Agencies may modify recommended forms without prior state approval or may opt not to use the forms.

Counties may obtain camera-ready copies of the English and/or Spanish versions of the attached forms and NOAs by calling or writing to:

CDSS FORMS MANAGEMENT UNIT  
744 P Street, M.S. 7-182  
Sacramento, CA 95814  
(916) 657-1907

Counties may also obtain camera-ready copies of the enclosed forms and NOAs translated into the three standard Asian languages by writing to the above address or by calling (916) 654-1282. Counties may begin using these new forms and NOAs as of January 1, 1998. If you have any questions regarding this letter please contact the following programs:

Welfare to Work	654-0946 Eric Norris
Cal-Learn	654-0118 Diana Nicolaou
CalWORKs Child Care	657-2144 Detta Hunt



BRUCE WAGSTAFF  
Deputy Director  
Welfare to Work Division

Enclosures

## ATTACHMENT A

Attachment A transmits the forms, messages and instructions for the new WTW 11, WTW 12 and WTW 13. Please note that these three forms are the result of combining and obsoleting the CL 5,6 and 7 with the GAIN 58,57 and 59 Supportive Services Overpayment/Repayment forms. Also being transmitted are the Notices of Action 820-825,827 and 828 to be used for transportation and ancillary expenses in both the Cal-Learn and Welfare to Work programs.

**WELFARE TO WORK/CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT/UNDERPAYMENT NOTICE**

COUNTY OF: \_\_\_\_\_

ADDRESSEE: \_\_\_\_\_

NOTICE DATE: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

WORKER'S NAME: \_\_\_\_\_

☐ You were overpaid for the following Supportive Services(s) for the month(s) of \_\_\_\_\_:☐ Transportation expenses☐ Work/training related expenses☐ Education related expenses**HERE'S WHY:**☐ You did not have good reason for not participating in the following assigned activity \_\_\_\_\_ and were not eligible for supportive services.☐ You were paid an advance payment for \_\_\_\_\_ that you did not use to pay for Welfare to Work/Cal-Learn expenses.☐ Other: \_\_\_\_\_☐ You have an underpayment in ☐ Transportation expenses☐ Education related expenses☐ Work/training related expenses; of \$ \_\_\_\_\_ because of \_\_\_\_\_.

The following shows how much you were paid or what the County paid for you, the amount that should have been paid and the total amount you owe.

AMOUNT PAID.....	\$	\$	\$	\$
LESS AMOUNT YOU SHOULD HAVE BEEN PAID.....	- \$	- \$	- \$	- \$
OVERPAYMENT AMOUNT.....	= \$	= \$	= \$	= \$
TOTAL OVERPAYMENT (YOU OWE) FROM THIS NOTICE .....				= \$
PLUS TOTAL PREVIOUS UNCOLLECTED OVERPAYMENT .....				+ \$
LESS UNDERPAYMENT .....				- \$
NEW TOTAL AMOUNT YOU OWE .....				= \$
TOTAL AMOUNT WE OWE YOU .....				= \$

**ONLY THE BOXES THAT ARE CHECKED BELOW APPLY TO YOU:**

You must pay back what you owe. You have 10 days from the date this notice was mailed to you to:

☐ pay in full what you owe, ☐ complete and return the enclosed repayment agreement or,☐ call your county at \_\_\_\_\_ to discuss a repayment agreement with the County.

If you don't pay what you owe or contact your County within 10 days after the date this notice was mailed to you, the County will collect the overpayment by lowering your supportive services payment.

The amount collected will be 5% of your supportive services payment if the overpayment was caused by the County or 10% of your supportive services payment if the overpayment was caused by you.

The overpayment collection will continue for each month you request a payment until the amount you owe is paid back. This means that your next supportive services payment of up to \$ \_\_\_\_\_ will be lowered by no more than \$ \_\_\_\_\_.

You may not have to repay in any month while you are in Welfare to Work/Cal-Learn if you would:

- not have enough money to pay for child care, transportation and or work/training related expenses and/or education related expenses to be in Welfare to Work/Cal-Learn and/or
- have to change the child care arrangements you have now.

☐ Call your worker/Case Manager to have your repayment delayed, if either of the reasons above apply to you.☐ You have told the County before that you cannot begin to repay the overpayment while you are in Welfare to Work/Cal-Learn. The County will delay this repayment.**CONTACT YOUR WORKER/CASE MANAGER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.**

If you go off aid before the overpayment is paid back and you do not continue to repay, the County may take what you owe out of your state income tax refund or take other action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order send or bring it to:

Address: \_\_\_\_\_

If you pay by cash, pay in person. **DO NOT MAIL CASH.** Be sure to ask for a numbered receipt with the County's name on it.**RULES:** These rules apply: CALWORKS Implementation Guidelines Section VII, Welf. & Inst. Code 11004, 11323.4

**NOTIFICACION DE PAGO EXCESIVO/PAGO INSUFICIENTE EN RELACION AL PROGRAMA PARA LA TRANSICION DE LA ASISTENCIA PUBLICA AL TRABAJO (Welfare to Work - WTW)/A LOS SERVICIOS DE APOYO DE CAL-LEARN (Cal-Learn es un programa de California para la educación de los padres adolescentes que reciben asistencia monetaria)**

**CONDADO DE:**  
**ADDRESSEE:**

FECHA DE LA NOTIFICACION:

NOMBRE DEL CASO:

NUMERO DEL CASO:

NOMBRE DEL TRABAJADOR:

- ☐ Se le pagó de más por los siguientes servicios de apoyo en relación a los meses de \_\_\_\_\_:
- ☐ Cuidado de niños ☐ Gastos de transporte ☐ Gastos relacionados al trabajo/entrenamiento ☐ Gastos relacionados a la educación

**LA RAZON ES LA SIGUIENTE:**

- ☐ No tuvo un motivo justificado para no participar en la actividad asignada que se indica a continuación: \_\_\_\_\_ y no reunía los requisitos para recibir servicios de apoyo.
- ☐ Se le hizo un pago por adelantado para \_\_\_\_\_, el cual usted no usó para pagar sus gastos de WTW/Cal-Learn.
- ☐ Otra: \_\_\_\_\_

- ☐ Se le hizo un pago insuficiente para ☐ Cuidado de niños ☐ Gastos de transporte ☐ Gastos relacionados a la educación ☐ Gastos relacionados al trabajo/entrenamiento; por la cantidad de \$ \_\_\_\_\_ debido a \_\_\_\_\_.

A continuación se indica cuánto se le pagó, o lo que el condado pagó a nombre de usted, la cantidad que se le debió haber pagado y la cantidad total que se debe.

CANTIDAD QUE SE PAGO .....	\$	\$	\$	\$
MENOS LA CANTIDAD QUE SE LE DEBIO HABER PAGADO .....	-\$	-\$	-\$	-\$
CANTIDAD DEL PAGO EXCESIVO .....	=\$	=\$	=\$	=\$
TOTAL DEL PAGO EXCESIVO QUE USTED DEBE EN RELACION A ESTA NOTIFICACION .....				=\$
MAS EL TOTAL DE PAGOS EXCESIVOS ANTERIORES QUE TODAVIA DEBE .....				+\$
MENOS EL PAGO INSUFICIENTE .....				-\$
NUEVA CANTIDAD TOTAL QUE USTED DEBE .....				=\$
CANTIDAD TOTAL QUE LE DEBEMOS A USTED .....				=\$

**SOLO LAS CASILLAS QUE ESTAN MARCADAS A CONTINUACION SON PERTINENTES A USTED:**

Usted debe reembolsar lo que debe. Tiene 10 días, contados a partir de la fecha en que se le envió por correo esta notificación, para:

- ☐ pagar completamente lo que debe, ☐ completar y regresarnos el acuerdo de reembolso que se adjunta o,
- ☐ llamar al condado al \_\_\_\_\_ para hablar sobre un acuerdo de reembolso entre usted y el condado.
- Si no paga lo que debe ni se comunica con el condado antes de que pasen 10 días después de la fecha en que se le envió esta notificación por correo, el condado le cobrará el pago excesivo disminuyendo sus pago de servicios de apoyo.
- La cantidad que se le cobre será el 5% de su pago de servicios de apoyo, si el pago excesivo fue causado por el condado; y el 10% de su pago de servicios de apoyo, si el pago excesivo fue causado por usted.
- El cobro del pago excesivo continuará durante cada mes en que usted solicite un pago, hasta que la cantidad que debe sea reembolsada. Esto quiere decir que su siguiente pago de servicios de apoyo de hasta \$ \_\_\_\_\_ será disminuido por no más de \$ \_\_\_\_\_.
- Es posible que no tenga que hacer pagos de reembolso durante los meses en que esté en WTW/Cal-Learn si usted:
- no tiene suficiente dinero para pagar cuidado de niños, transporte y/o gastos relacionados al trabajo/entrenamiento, y/o gastos relacionados a la educación para participar en WTW/Cal-Learn, y/o
  - tiene que cambiar los arreglos para cuidado de niños que tiene ahora.
- ☐ Si cualquiera de las razones indicadas arriba son pertinentes a usted, llame a su trabajador/administrador del caso para que le permitan retrasar el reembolso.
- ☐ Ya usted le indicó al condado que no puede comenzar a reembolsar el pago excesivo mientras esté en WTW/Cal-Learn. El condado le permitirá retrasar este reembolso.

**COMUNIQUESE CON SU TRABAJADOR/ADMINISTRADOR DEL CASO SI PIENSA QUE ESTA NOTIFICACION ESTA EQUIVOCADA. TAMBIEN PUEDE PEDIR UNA AUDIENCIA CON EL ESTADO. EL FORMULARIO "SUS DERECHOS A UNA AUDIENCIA" LE INDICA COMO SOLICITAR UNA AUDIENCIA.**

Si deja de recibir asistencia antes que el pago excesivo haya sido reembolsado, y no continúa haciendo el reembolso, el condado puede tomar de su devolución de impuestos estatales sobre los ingresos lo que usted debe, o tomar otras medidas para cobrarle. No tiene que usar nada de lo que recibe en beneficios del Seguro Social ni del Programa de Ingresos Suplementales de Seguridad (SSI) para reembolsar el pago excesivo.

Si paga con cheque o giro, envíelo o tráigalo a:

Dirección:

Si paga en efectivo, pague en persona. **NO ENVIE DINERO EN EFECTIVO POR CORREO.** Asegúrese de pedir un recibo numerado con el nombre del condado en el mismo.

**REGLAS:** Las siguientes reglas son pertinentes: Normas para la Implementación de CalWORKs (Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños), sección VII, Código de Bienestar Público e Instituciones 11004, 11323.4

## **WTW 11 (1/98) WELFARE TO WORK/ CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT/UNDERPAYMENT NOTICE**

INSTRUCTIONS: Use to notify individuals of an overpayment of Welfare to Work/Cal-Learn supportive services, including an unused portion of an advance that could not be recovered. Counties may send a WELFARE TO WORK/CAL-LEARN SUPPORTIVE SERVICES REPAYMENT AGREEMENT (WTW 12) with the WELFARE TO WORK/CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT/UNDERPAYMENT NOTICE (WTW 11).

If an overpayment is deferred under CalWORKs Implementation Guidelines, Section VII, the County should inform the individual that the overpayment is still owed but that repayment has been postponed. The County should also document in the case file the amount and date of the overpayment and the expected ending date of the deferred status.

Fill in the following:

- The month(s) or period of time the individual was overpaid.
- The check box for the appropriate type(s) of supportive services that was overpaid. More than one box can be checked if necessary.
- The check box under "HERE'S WHY:" that applies to the reason the overpayment occurred. If the overpayment is due to nonparticipation without good cause, check the first box and specify the activity the individual was to have participated in. If the overpayment is due to an uncollected unused portion of an advance payment, check the second box and fill in the month that the unused portion of the advance was intended to cover; it should be the same month as that on the first line. Use the "Other" box to describe when an overpayment has occurred due to County error.
- If an underpayment has occurred, check box(es) for the appropriate type(s) of supportive services underpaid and the amount and the reason.
- The overpayment/underpayment computation. The County may use the top four lines of the computation section to list either the type(s) of overpaid supportive services or the separate months in which an overpayment occurred when a single type of supportive service has been overpaid/underpaid for two or more months. The overpayment/underpayment computation is done below the top four lines. If after completing the computation there is an overpayment balance, this should be shown on the line stating, "New Total Amount You Owe". If there is an underpayment balance, this will be shown on the line stating, "Total Amount We Owe You".
- The check box(es) that tells the individual what action he/she must take within ten days.
- The County contact telephone number.

**WELFARE TO WORK/CAL-LEARN SUPPORTIVE SERVICE  
REPAYMENT AGREEMENT**

ADDRESSEE

CASE NUMBER \_\_\_\_\_

CASE NAME \_\_\_\_\_

WORKER \_\_\_\_\_

DATE \_\_\_\_\_

**I. REPAYMENT TERMS AND CONDITIONS**

You must repay what you owe by using one or more of the methods listed in Section III. Your total overpayment is \$ \_\_\_\_\_ for ☐ for transportation or work/training related expenses, ☐ education related expenses

You do not have to begin to repay the overpayment while you are in Welfare to Work/Cal-Learn if you would not be able to keep the child care you have now or you would not have enough money to pay for child care, transportation, and/or education related expenses work/training related expenses, that you need to be in Welfare to Work.

If you cannot repay or begin to repay now, tell your worker/case manager now or if this form was mailed to you, call your worker/case manager within ten days of the date the form was mailed. If the County agrees, you will still have to pay back what you owe, just not now. The County will then check to see if you can begin to repay when you change Welfare to Work/Cal-Learn activities.

If you have any questions, please call us at \_\_\_\_\_.

If this agreement has been mailed to you and you have no questions, complete and sign this agreement. Keep the last copy. Return all other copies to the County. Do not send cash with this agreement. If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County name on it.

When approved by the County, a signed copy of this agreement will be sent to you.

If you are still in Welfare to Work/Cal-Learn and do not return this agreement, completed and signed within ten days of the date this notice was mailed to you, the County will take action to collect the overpayment by reducing your next payment.

If you are no longer in Welfare to Work/Cal-Learn and you do not return this form within ten days of the date this notice was mailed to you the County will demand payment and take other action to collect the overpayment.

**II. I understand that:**

- Any changes in my ability to pay can change my monthly payments.
- If anything changes, I can ask the County to enter into a new repayment agreement with me.
- If I do not pay as agreed; no longer get cash Aid; or for any reason this agreement no longer works, the County will require a new repayment agreement.
- If I do not pay back the County as I have agreed, they can sue me to recover the amount owed even if it is beyond three-years. I may have to pay collection costs, attorney fees, court costs, and interest.
- If I do not pay, the County may take my state income tax refund and/or ask for the court to attach my wages or any property I own.
- The County may ask other family members to repay if I do not repay the overpayments.

**III. Check below the ways you want to repay. Fill in the amount(s) you will repay.****1. Cash Payment**

You may repay all or part of what you owe with cash.

- ☐ I will repay by lump sum cash payment of \$ \_\_\_\_\_ by \_\_\_\_\_
- ☐ I will repay by monthly cash payment of \$ \_\_\_\_\_ by the first day of each month beginning \_\_\_\_\_

**2. Payment Reduction**

If you get Welfare to Work/Cal-Learn supportive services payments, you can repay by a percentage of your monthly payment or you can pay more if you want to. The highest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was caused by you. If the overpayment was an error by the County, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month.

- ☐ I will repay the highest amount that applies in my case.
- ☐ Instead of the highest amount, I will repay by having my supportive services payment reduced by \$ \_\_\_\_\_ each month.

**3. Grant Reduction**

You may repay by having your cash aid payment reduced.

- ☐ I will repay by having my cash aid grant reduced by \$ \_\_\_\_\_ each month.

Put your initials here \_\_\_\_\_ to show that you have read and understand items 1 through 6 above.

**IV. CHECK THE BOX BELOW THAT APPLIES TO YOU**

- ☐ I can begin repayment within 30 days from the date this notice was mailed to me.
- ☐ I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose in Section III, by \_\_\_\_\_.

Mail this form and payments to:

Bring this form and payments "in person" to:

Sign your name below and enter the date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**V. To be completed by the County**

The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_

for \_\_\_\_\_ County.

Signature \_\_\_\_\_

**CONVENIO DE REEMBOLSO DE SERVICIOS DE APOYO DEL PROGRAMA PARA LA TRANSICION DE LA ASISTENCIA PUBLICA AL TRABAJO/CAL-LEARN**

ADDRESSEE

NUMERO DEL CASO

NOMBRE DEL CASO

TRABAJADOR

FECHA

**I. TERMINOS Y CONDICIONES DEL REEMBOLSO**

Usted tiene que reembolsar lo que debe usando uno o más de los métodos que se enumeran en la sección III. El total de su pago excesivo es de \$ \_\_\_\_\_ por ☐ cuidado de niños, ☐ transporte o gastos relacionados al trabajo/entrenamiento, ☐ gastos relacionados a la educación.

No tiene que comenzar a reembolsar el pago excesivo mientras participe en el Programa para la Transición de la Asistencia Pública al Trabajo (*Welfare to Work* - WTW)/Cal-Learn (un programa de California para la educación de los padres adolescentes que reciben asistencia monetaria), si no podría continuar con el cuidado de niños que tiene ahora, o no tendría suficiente dinero para pagar cuidado de niños, transporte y/o gastos relacionados a la educación/trabajo/entrenamiento que necesitaría para participar en WTW.

Si no puede pagar o comenzar a hacerlo ahora, dígaselo a su trabajador/administrador de casos ahora o si le enviaron este formulario, llame a su trabajador/administrador de casos antes de que pasen diez días a partir de la fecha en que se lo enviaron. Si el condado está de acuerdo, usted todavía tendrá que reembolsar lo que debe, pero no ahora. El condado verificará entonces si puede comenzar a pagar cuando usted cambie actividades de WTW/Cal-Learn.

Si tiene preguntas, por favor llámenos al \_\_\_\_\_.

Si le enviaron por correo este convenio y no tiene preguntas, complete y fírmelo. Quédese con la última copia. Devuelva todas las demás copias al condado. No envíe efectivo con este convenio. Si paga con efectivo, pague en persona. Asegúrese de pedir un recibo numerado con el nombre del condado en el mismo.

Cuando lo apruebe el condado, se le enviará una copia firmada de este convenio.

Si todavía está en WTW/Cal-Learn y no devuelve este convenio, completado y firmado, antes de que pasen diez días contados a partir de la fecha en que se le envió esta notificación, el condado tomará una acción para cobrar el pago excesivo, reduciendo su próximo pago.

Si ya no está en WTW/Cal-Learn y no devuelve este formulario antes de que pasen diez días contados a partir de la fecha en que se le envió esta notificación, el condado demandará el pago y tomará otra acción para cobrar el pago excesivo.

**II. Entiendo que:**

1. Cualquier cambio en mi capacidad de pagar puede cambiar mis abonos mensuales.
2. Si algo cambia, puedo pedirle al condado que celebre un nuevo convenio de reembolso conmigo.
3. Si no pago de la manera en que estuve de acuerdo, ya no recibo asistencia monetaria, o por cualquier razón este convenio ya no funciona, el condado requerirá un nuevo convenio de reembolso.
4. Si no pago al condado de la manera en que he convenido, me pueden demandar para recuperar la cantidad que debo, aun cuando sea después de tres años. Es posible que tenga que pagar gastos de cobranza, honorarios de abogado, gastos de tribunal e intereses.
5. Si no pago, el condado puede tomar mi devolución estatal de impuestos sobre ingresos y/o pedir a la corte que retenga mi salario o propiedad de la que sea dueño.
6. El condado puede pedir a otros miembros de la familia que paguen si no reembolso el pago excesivo.

**III. Marque abajo la manera en que quiere pagar. Anote la cantidad que reembolsará.**
**1. Pago en efectivo**

Puede reembolsar todo o parte de lo que debe con efectivo.

- ☐ Pagaré con una cantidad global en efectivo de \$ \_\_\_\_\_ para el \_\_\_\_\_.
- ☐ Pagaré con un pago mensual en efectivo de \$ \_\_\_\_\_ para el primero de cada mes, comenzando el \_\_\_\_\_.

**2. Reducción del pago mensual para servicios de apoyo**

Si recibe pagos para servicios de apoyo de WTW/Cal-Learn, puede hacer el reembolso con un porcentaje de su pago mensual, o puede pagar más si desea. Si usted causó el pago excesivo, la cantidad más alta que tiene que reembolsar es un 10% de su pago mensual para servicios de apoyo. Si el pago excesivo fue causado por error del condado, la cantidad más alta que tiene que reembolsar es un 5% de su pago mensual para servicios de apoyo. Puede escoger pagar la misma cantidad cada mes.

- ☐ Reembolsaré la cantidad más alta que aplica a mi caso.
- ☐ En lugar de la cantidad más alta, haré el reembolso permitiendo que se reduzcan mis pagos para servicios de apoyo \$ \_\_\_\_\_ cada mes.

**3. Reducción del pago mensual de asistencia monetaria**

Usted puede pagar permitiendo que le reduzcan su pago de asistencia monetaria.

- ☐ Haré el reembolso permitiendo que se reduzca mi pago mensual de asistencia monetaria \$ \_\_\_\_\_ cada mes.

**IV. MARQUE A CONTINUACION LA CASILLA QUE APLIQUE AL CASO SUYO**

- ☐ Puedo comenzar a hacer el reembolso antes de que pasen 30 días a partir de la fecha en que se me envió esta notificación.
- ☐ No puedo comenzar a hacer el reembolso antes de que pasen 30 días a partir de la fecha en que se me envió esta notificación, pero comenzaré a hacer el reembolso de la manera que escogí en la sección III, a más tardar el \_\_\_\_\_.

Envíe este formulario y los pagos a:

Traiga este formulario y los pagos "en persona" a:

Firme su nombre a continuación y anote la fecha.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

**V. Para ser completada por el condado**

The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_

for \_\_\_\_\_ County. Signature \_\_\_\_\_



## **WTW 12 (1/98) WELFARE TO WORK/CAL-LEARN SUPPORT SERVICES REPAYMENT AGREEMENT**

INSTRUCTIONS: Use the WELFARE TO WORK/CAL-LEARN SUPPORTIVE SERVICES REPAYMENT AGREEMENT to secure a written repayment agreement with an individual who received Welfare to Work/Cal-Learn supportive services payments he/she was otherwise not entitled to receive. It may be sent with the WELFARE TO WORK/CAL-LEARN OVERPAYMENT/UNDERPAYMENT NOTICE (WTW 11). The WTW 12 may be completed by the individual or may be used by the County when meeting with the individual to document the terms of repayment. If neither of the two preceding situations apply, the WTW 12 is to be sent at the point the REPAYMENT AGREEMENT is to be established.

The WTW 12 is to be completed as follows:

- The County fills in the total amount of the overpayment and checks the appropriate box for the type(s) of supportive services that was overpaid.
- The County should enter the telephone number the individual can call if he/she has any questions about the agreement.
- The individual reads and initials Section II.
- The individual checks the box which represents the payment method chosen and, as appropriate, fills in the payment amount and the date repayment will begin.
- The individual checks the appropriate box in regarding when they can begin repayment.
- The County fills in the County's mailing/street address.
- The individual signs and dates the form.

When the signed agreement is returned by the individual and the County determines that the terms are acceptable, the County enters the following information in the section marked, "To be completed by the County":

- Name of the County representative accepting agreement (printed)
- Date
- Name of County
- Signature of authorized County official

Both the County and the individual should retain a copy of the WTW 12 that has been signed by both parties.

**WELFARE TO WORK/CAL-LEARN SUPPORTIVE SERVICES  
OVERPAYMENT FINAL NOTICE****COUNTY OF:** \_\_\_\_\_**ADDRESSEE** \_\_\_\_\_

NOTICE DATE: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

WORKER'S NAME\* \_\_\_\_\_

We told you on \_\_\_\_\_ that you were overpaid for the following supportive service(s):

☐ Transportation expenses☐ Work/training related expenses☐ Education related expenses

The amount of your overpayment that you still owe is \$ \_\_\_\_\_ and is due now.

**HERE'S WHY:**☐ You did not agree to repay.☐ You did not pay as agreed.☐ You are no longer in Welfare to Work/Cal-Learn, and your method of repayment no longer works.☐ You are no longer getting cash aid, and your method of repayment no longer works.☐ You did not have to repay while you were in Welfare to Work/Cal-Learn. Now you need to repay.☐ Other. \_\_\_\_\_

TOTAL OVERPAID AMOUNT	LESS AMOUNT REPAID	TOTAL AMOUNT YOU OWE
\$ _____	- \$ _____	= \$ _____

You must pay the County what you owe or contact us to make a repayment plan within ten days from the date this notice was mailed to you.

If you do not repay the County or contact the County to enter into a repayment agreement, the County may take what you owe out of your state income tax refund or take other action to collect the amount you owe.

If you get cash aid you can ask to have your cash aid grant lowered to pay what you owe.

You do not have to use any Social Security or SSI benefits to repay this overpayment.

If you pay by check or money order, send or bring it to:

Address: \_\_\_\_\_

If you pay by cash, pay in person. **DO NOT MAIL CASH.** Be sure to ask for a numbered receipt with the County name on it.

If you have any questions call \_\_\_\_\_.

**CONTACT YOUR WORKER/CASE MANAGER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. 'YOUR HEARING RIGHTS' FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.****RULES:** These rules apply. CalWORKs Implementation Guidelines, Section VII, Welf. & Ins. Code 11004, 11323.4. You may review them at your welfare office.

**NOTIFICACION FINAL DE PAGO EXCESIVO EN LOS SERVICIOS DE APOYO DEL PROGRAMA PARA LA TRANSICION DE LA ASISTENCIA PUBLICA AL TRABAJO/CAL-LEARN**
**CONDADO DE:** \_\_\_\_\_

**ADDRESSEE**
**FECHA DE LA NOTIFICACION:** \_\_\_\_\_

**NOMBRE DEL CASO:** \_\_\_\_\_

**NUMERO DEL CASO:** \_\_\_\_\_

**NOMBRE DEL TRABAJADOR:** \_\_\_\_\_

Le informamos en \_\_\_\_\_ que se le pagó de más en los siguientes servicios de apoyo:

- ☐ cuidado de niños   
 ☐ gastos de transporte   
 ☐ gastos relacionados al trabajo/entrenamiento   
 ☐ gastos relacionados a la educación

La cantidad del pago excesivo que aún debe y que tiene que pagar ahora es de \$ \_\_\_\_\_.

**LA RAZON ES LA SIGUIENTE:**

- ☐ No consintió en hacer el reembolso.  
☐ No pagó de la manera en que acordó hacerlo.  
☐ Ya no está participando en el Programa para la Transición de la Asistencia Pública al Trabajo (*Welfare to Work - WTW*)/Cal-Leam (un programa de California para la educación de los padres adolescentes que reciben asistencia monetaria), y ya no funciona su método de reembolso.  
☐ Ya no está recibiendo asistencia monetaria, y ya no funciona su método de reembolso.  
☐ No tenía que hacer el reembolso mientras que participara en WTW/Cal-Leam. Ahora tiene que hacer el reembolso.  
☐ Otra: \_\_\_\_\_

CANTIDAD TOTAL DEL PAGO EXCESIVO	MENOS LA CANTIDAD QUE YA PAGO	CANTIDAD TOTAL QUE DEBE
\$ _____	- \$ _____	= \$ _____

Usted tiene que reembolsarle al condado lo que le debe o ponerse en contacto con el condado para formalizar un plan para pagar lo que debe, antes de que pasen diez días contados a partir de la fecha en que se le envió esta notificación.

Si no reembolsa al condado lo que le debe o no se pone en contacto con el condado para formalizar un plan de reembolso, el condado puede cobrar lo que usted debe de su devolución estatal de impuestos sobre los ingresos, o puede tomar otra acción para cobrar la cantidad que debe.

Si recibe asistencia monetaria, puede pedir que se reduzca su pago mensual de asistencia monetaria para pagar lo que debe.

No tiene que usar los beneficios que reciba del Seguro Social o de SSI (Ingresos Suplementales de Seguridad) para reembolsar este pago excesivo.

Si paga con cheque o giro, envíelo o tráigalo a:

Dirección:

Si paga en efectivo, pague en persona. **NO ENVIE EFECTIVO.** Asegúrese de pedir un recibo numerado con el nombre del condado en el mismo.

Si tiene preguntas llame a \_\_\_\_\_.

**SI CREE QUE HAY UN ERROR EN ESTA NOTIFICACION, COMUNIQUESE CON SU TRABAJADOR/ADMINISTRADOR DE CASOS. TAMBIEN PUEDE PEDIR UNA AUDIENCIA CON EL ESTADO. EL FORMULARIO, "SUS DERECHOS A UNA AUDIENCIA" LE EXPLICA COMO PEDIRLA.**

**REGLAS:** Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: Normas para la Implementación de CalWORKs, Sección VII, Código de Bienestar Público e Instituciones 11004, 11323.4

## **WTW 13 (1/98) WELFARE TO WORK/CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT-FINAL NOTICE**

INSTRUCTIONS: Use to notify the following individuals that their Welfare to Work/Cal-Learn services overpayment is due unless they enter into a new WELFARE TO WORK/CAL-LEARN SUPPORTIVE SERVICES REPAYMENT AGREEMENT (WTW 12):

- individuals who leave Welfare to Work/Cal-Learn, including those who become exempt and do not choose to volunteer;
- individuals who have failed to make a cash repayment as specified in their WELFARE TO WORK/CAL-LEARN SUPPORTIVE SERVICES REPAYMENT AGREEMENT, regardless of whether they are still in Welfare to Work/Cal-Learn activities or receiving cash aid under CalWORKs.
- When the WTW 13 has been sent, further notification is not required. If the individual does not enter into a new WELFARE TO WORK/CAL-LEARN SUPPORTIVE SERVICES REPAYMENT AGREEMENT or does not respond to the WTW 13, the County should follow its established procedures for collection. In cases of former CalWORKs recipients, the County may determine whether continued collection efforts would be cost-efficient after the WTW 13 has been sent.

Fill in:

- The date(s) the original overpayment notice(s) (WTW 11 or the WTW 12) was mailed telling the individual about the overpayment(s).
- The type(s) of supportive services that was overpaid.
- The remaining amount owed.
- The check box which designates the reason for the WELFARE TO WORK/CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT-FINAL NOTICE.
- The overpayment computation.
- The County mailing/street address.
- The County contact telephone number.

The EP 5, YOUR HEARING RIGHTS, should accompany this form.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of \_\_\_\_\_ until \_\_\_\_\_, the County has approved your transportation for: ☐ Welfare to Work ☐ Cal-Learn

☐ The most we can pay is \$ \_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.

☐ The County has approved \$ \_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.

☐ The County has approved bus passes or tickets for a total of \_\_\_\_\_ per \_\_\_\_\_.

☐ The County will provide you with ☐ Welfare to Work ☐ Cal-Learn transportation.

The County will only pay for transportation while you are attending your approved ☐ Welfare to Work ☐ Cal-Learn activity:

☐ public transportation

X \_\_\_\_\_ rate  
= \$ \_\_\_\_\_ per \_\_\_\_\_

☐ your car's mileage

X \_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_  
= \$ \_\_\_\_\_ miles

☐ parking

\$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

☐ The County may continue to pay for transportation for up to the first 12 months after you have started a job. We will pay only if you need it to keep your job and you cannot get the transportation costs from somewhere else.

Your transportation payment limit is figured on this notice. Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments will be ☐ Advanced to you ☐ Paid back to you ☐ Paid to your transportation provider ☐ Other:

**YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.**

☐ Because your activity is less than 30 days, you will not get another notice telling you when your payments end.

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII and XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

Auto ID No. :  
Flow Chart No. :

Source : Welfare to Work, Cal-Learn

Regulation Cite: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

MESSAGE:

As of \_\_\_\_\_ until \_\_\_\_\_, the County has approved your transportation for:  
☐ Welfare to Work ☐ Cal-Learn

☐ The most we can pay is \$ \_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.

☐ The County has approved \$ \_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.

☐ The County has approved bus passes or tickets for a total of \_\_\_\_\_ per \_\_\_\_\_.

☐ The County will provide you with ☐ Welfare to Work ☐ Cal-Learn transportation.

The County will only pay for transportation while you are attending your approved ☐ Welfare to Work ☐ Cal-Learn activity: \_\_\_\_\_.

The County may continue to pay for transportation for up to the first 12 months after you have started a job. We will pay only if you need it to keep your job and you cannot get the transportation costs from somewhere else.

Your transportation payment limit is figured on this notice.

Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your Welfare to Work activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments will be: ☐ Advanced to you ☐ Paid back to you ☐ Paid to your transportation provider ☐ Other:

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

☐ Because your activity is less than 30 days, you will not get another notice telling you when your payments end.

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

☐ public transportation

\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
= \$ \_\_\_\_\_

## NA 820 Transportation Approval

☐ your car's mileage

\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
x \_\_\_\_\_ miles  
= \$ \_\_\_\_\_

☐ parking

\$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

### INSTRUCTIONS:

Use to approve transportation payments or services.

The authorization date is the date the activity begins; fill in this date and the end date. Check the box for the appropriate program

Check the first box, if applicable, and complete the total transportation amount and the corresponding number of miles and time period (days, weeks, month).

Check the second box, if applicable, and complete the amount and applicable time period (days, weeks, month).

Check the third box, if applicable, and fill in the number of bus passes or tickets per time period (days, weeks, month).

Check the fourth box when the county program provides transportation such as Welfare to Work vans for Welfare to Work participants. Check the box for the appropriate program.

Fill in the participants' required activity in the blank space after "your approved ☐ Welfare to Work ☐ Cal-Learn activity: \_\_\_\_\_."

Check the next box if the county provides post-employment supportive services for the first 12 months after an individual has gone off aid due to employment.

Complete all applicable computation(s) and repeat the computation if different rates are being provided. The county may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

Check the appropriate box for the transportation payment method (Advanced to you, etc.). If a two-party check is used, check the applicable box as well as the "other" box; in the "other" box, specify that it is a two-party check.

The county may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE...".

Check the last box when the activity will be less than 30 days.

The EP 5, Your Hearing Rights, must be provided with this notice.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

☐ As of \_\_\_\_\_:

The ☐ Welfare to Work ☐ Cal-Learn transportation:  
☐ payment ☐ increase you asked for is denied.

Here's why:

- ☐ You are already getting as much as the County can pay because:
  - ☐ the maximum mileage rate is: \$ \_\_\_\_\_ per \_\_\_\_\_.
  - ☐ public transportation is available.
  - ☐ Cal-Learn transportation is available.
  - ☐ Welfare to Work transportation is available.
- ☐ You are not in an approved ☐ Welfare to Work ☐ Cal-Learn activity.
- ☐ You need to travel less than one mile each way to get to your approved ☐ Welfare to Work ☐ Cal-Learn activity.
- ☐ The transportation you asked for is not needed to attend your approved ☐ Welfare to Work ☐ Cal-Learn activity:  
\_\_\_\_\_.
- ☐ Other:

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

☐ As of \_\_\_\_\_:

Your transportation payment for ☐ Welfare to Work  
☐ Cal-Learn will stop.

Here's why:

- ☐ You are no longer attending an approved ☐ Welfare to Work ☐ Cal-Learn activity.
- ☐ You moved out of this County.
- ☐ You went off cash aid.
- ☐ You got a job.
- ☐ You have been paid for all the days after you got a job that we said we would pay for.
- ☐ You quit your job.
- ☐ You have been exempted from participation in ☐ Welfare to Work ☐ Cal-Learn.
- ☐ You asked that transportation be stopped.
- ☐ You did not submit your attendance forms for \_\_\_\_\_.  
If this information is provided by \_\_\_\_\_, this proposed action will be stopped.
- ☐ Other:

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

**Rules:** These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9



State of California  
Department of Social Services

Manual Msg. No.: NA 821  
Action : Deny/Discontinue  
Reason: Supportive Services  
Title: Transportation Denial/Discontinuance  
Form No. : NA 801  
Effective Date : 01/01/96  
Revision Date : 01/01/98  
Regulation Cite: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code  
11323.2, 11323.4, 11322.9

Auto ID No. :  
Flow Chart No. :

Source : Welfare to Work, Cal-Learn

Regulation Cite: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code  
11323.2, 11323.4, 11322.9

MESSAGE: (left column)

☐ As of \_\_\_\_\_:

The ☐ Welfare to Work ☐ Cal-Learn transportation: ☐ payment ☐ increase you asked for is denied.

Here's why:

☐ You are already getting as much as the County can pay because:

☐ the maximum mileage rate is: \$ \_\_\_\_\_ per \_\_\_\_\_.

☐ public transportation is available.

☐ Cal-Learn transportation is available.

☐ Welfare to Work transportation is available.

☐ You are not in an approved ☐ Welfare to Work ☐ Cal-Learn activity.

☐ You need to travel less than one mile each way to get to your  
approved ☐ Welfare to Work ☐ Cal-Learn activity.

☐ The transportation you asked for is not needed to attend your  
approved ☐ Welfare to Work ☐ Cal-Learn activity: \_\_\_\_\_.

☐ Other:

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

NA 821 - Transportation Denial/Discontinuance

MESSAGE: (right column)

☐ As of \_\_\_\_\_:

Your transportation payment for ☐ Welfare to Work ☐ Cal-Learn will stop.

Here's why:

- ☐ You are no longer attending an approved ☐ Welfare to Work ☐ Cal-Learn activity.
- ☐ You moved out of this County.
- ☐ You went off of cash aid.
- ☐ You got a job.
- ☐ You have been paid for all the days after you got a job that we said we would pay for.
- ☐ You quit your job.
- ☐ You have been exempted from participation in ☐ Welfare to Work ☐ Cal-Learn.
- ☐ You asked that transportation be stopped.
- ☐ You did not submit your attendance forms for \_\_\_\_\_. If this information is provided by \_\_\_\_\_, this proposed action will be stopped.
- ☐ Other:

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

INSTRUCTIONS:

Use to deny transportation payments or requests for increases in transportation payments, or to discontinue transportation payments.

**USE ONE COLUMN ONLY. YOU MAY NOT DENY AND DISCONTINUE AT THE SAME TIME.**

Check the first box in the **left** column to **deny** payments or increases in payments. Enter the date the determination was made. Check the box for the appropriate program. Check the appropriate box for payment or increase. In the "Here's why" section, check all appropriate boxes and complete all other applicable information. When checking the "other" box, specify the reason for the action

Check the first box in the **right** column to **discontinue** payments, and enter the date the determination was made. Check the box for the appropriate program. In the "Here's why" section, check the appropriate box and complete all other applicable information. When checking the "other" box specify the reason for the action. **THIS NOA MUST BE TIMELY.**

The EP 5, Your Hearing Rights, must be provided with this notice.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of \_\_\_\_\_ until \_\_\_\_\_:

- ☐ The County has changed your transportation payment limit for  
☐ Welfare to Work ☐ Cal-Learn from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.
- ☐ The County has changed your transportation payment limit for  
☐ Welfare to Work ☐ Cal-Learn from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.
- ☐ The County has changed your bus tickets for ☐ Welfare to Work ☐ Cal-Learn from \_\_\_\_\_ to \_\_\_\_\_ per \_\_\_\_\_.
- ☐ The County has changed your payment method for ☐ Welfare to Work ☐ Cal-Learn from \_\_\_\_\_ to \_\_\_\_\_.
- ☐ The County has changed your transportation payment limit for  
☐ Welfare to Work ☐ Cal-Learn from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

Here's why:

- ☐ Your mileage rate changed.
- ☐ Your mileage changed.
- ☐ The public transportation rate changed.
- ☐ Public transportation is available which takes less than one hour to get you to your approved ☐ Welfare to Work ☐ Cal-Learn activity on time.
- ☐ Other:

Your transportation payment limit is figured on this notice. Mileage can be paid only if there is no public transportation available, or if driving your car costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments will be ☐ Advanced to you ☐ Paid back to you ☐ Paid to your transportation provider ☐ Other:  
**YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.**

☐ public transportation

\_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_  
= \$ \_\_\_\_\_

☐ your car's mileage

\_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_  
X \_\_\_\_\_ miles  
= \$ \_\_\_\_\_

☐ parking

\$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

☐ Because your activity is less than 30 days, you will not get another notice telling you when your payments end.

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

Auto ID No. :

Flow Chart No. :

Source : Welfare to Work, Cal-Learn

Regulation Cite: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

MESSAGE:

As of \_\_\_\_\_ until \_\_\_\_\_:

☐ The County has changed your transportation payment limit for ☐ Welfare to Work ☐ Cal-Learn from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.

☐ The County has changed your transportation payment limit for ☐ Welfare to Work ☐ Cal-Learn from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.

☐ The County has changed your bus tickets for ☐ Welfare to Work ☐ Cal-Learn from \_\_\_\_\_ to \_\_\_\_\_ per \_\_\_\_\_.

☐ The County has changed your payment method for ☐ Welfare to Work ☐ Cal-Learn from \_\_\_\_\_ to \_\_\_\_\_.

☐ The County has changed your transportation payment limit for ☐ Welfare to Work ☐ Cal-Learn from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

Here's why:

☐ Your mileage rate changed.

☐ Your mileage changed.

☐ The public transportation rate changed.

☐ Public transportation is available which takes less than one hour to get you to your approved ☐ Welfare to Work ☐ Cal-Learn activity on time.

☐ Other:

Your transportation payment limit is figured on this notice:

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your Welfare to Work activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments will be: ☐ Advanced to you ☐ Paid back to you ☐ Paid to your transportation provider ☐ Other:

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

NA 822 - Transportation Change

☐ public transportation

\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
= \$ \_\_\_\_\_

☐ your car's mileage

\_\_\_\_\_ days  
x \_\_\_\_\_ per \_\_\_\_\_  
x \_\_\_\_\_ miles  
= \_\_\_\_\_

☐ parking

\$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

☐ Because your activity is less than 30 days, you will not get another notice telling you when your payments end.

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

INSTRUCTIONS:

Use to change transportation payment maximums, number of bus tickets, or payment method, or change in method of transportation; e.g., from bus passes to county provided transportation.

When the change is an increase, the authorization date is the date the change was approved. Enter the authorization date and the end date.

When the change is a decrease, the authorization date must allow for the ten-day timely notice period. Enter the effective date and the end date. **THIS NOA MUST BE TIMELY.**

Check the first box, if applicable. Check the box for the appropriate program and fill in amounts, total number of miles, and corresponding time period (days, weeks, month).

Check the second box, if applicable. Check the box for the appropriate program and fill in amounts and time period (days, weeks, month).

Check the third box, if applicable. Check the box for the appropriate program and fill in number of bus passes or tickets changed.

Check the fourth box, if applicable, when there is a method of payment change. Check the box for the appropriate program and fill in changes, e.g., change from public transportation rate to actual bus tickets; change from public transportation to mileage reimbursement at public transportation rate.

## NA 822 - Transportation Change

Under "Here's Why" check the appropriate box. When checking the "other" box, specify the reason for the action. Complete applicable computation(s) and repeat the computation if different rates are being provided. The county may use alternate calculation when the standard computation does not explain how the payment limit was figured.

Check the appropriate box for the transportation payment method (Advanced to you, etc.). If a two-party check is used, check the applicable box as well as the "other" box; in the "other" box, specify that it is a two-party check.

Check the last box when the activity will be less than 30 days.

The EP 5, Your Hearing Rights, must be provided with this notice.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

☐ As of \_\_\_\_\_, the County has approved your request for payment of the following items needed for your approved

☐ Welfare to Work ☐ Cal-Learn activity or to get a job:

Item	Cost
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

Total \$ \_\_\_\_\_

☐ The County may continue to pay for work expenses for up to the first 12 months after you have started a job. We will pay only if you need it to keep your job and you cannot get the work expenses paid from somewhere else.

Your payments will be: ☐ Advanced to you ☐ Paid back to you  
☐ Paid to the store ☐ Paid to the school ☐ Other:

☐ The following items you asked for were not approved for payment:

Item	Item
_____	_____
_____	_____

Here's why:

☐ The cost is not necessary because: \_\_\_\_\_

☐ You do not need \_\_\_\_\_ for your ☐ Welfare to Work ☐ Cal-Learn activity or to get a job because: \_\_\_\_\_

☐ Other:

☐ As of \_\_\_\_\_, the County has denied your request for payment of the following items needed for your approved

☐ Welfare to Work ☐ Cal-Learn activity or to get a job:

_____	_____
_____	_____
_____	_____

Here's why:

☐ You are not in an approved ☐ Welfare to Work  
☐ Cal-Learn activity.

☐ The cost is not necessary because: \_\_\_\_\_

☐ You do not need these items for your ☐ Welfare to Work ☐ Cal-Learn activity or to get a job because: \_\_\_\_\_

☐ Other:

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

**Rules:** These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

State of California  
Department of Social Services

Manual Msg. No.: NA 823  
Action : Approve/Deny  
Reason: Supportive Services  
Title: Ancillary Expenses  
Approval/Denial

Auto ID No. :  
Flow Chart No. :  
Source : Welfare to Work, Cal-Learn  
Regulation Cite: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code  
11323.2, 11323.4, 11322.9

Form No. : NA 801  
Effective Date : 01/01/96  
Revision Date : 01/01/98

MESSAGE:(Left column)

☐ As of \_\_\_\_\_, the County has approved your request for payment of the following items needed for your approved ☐ Welfare to Work ☐ Cal-Learn activity or to get a job:

Item	Cost
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total \$ _____	

The County may continue to pay for work expenses for up to the first 12 months after you have started a job. We will pay only if you need it to keep your job and you cannot get the work expenses paid from somewhere else.

Your payments will be: ☐ Advanced to you ☐ Paid back to you ☐ Paid to the store ☐ Paid to the school  
☐ Other:

☐ The following items you asked for were not approved for payment:

Item	Item
_____	_____
_____	_____

Here's why:

☐ The cost is not necessary because: \_\_\_\_\_

☐ You do not need \_\_\_\_\_ for your ☐ Welfare to Work  
☐ Cal-Learn activity or to get a job because: \_\_\_\_\_

☐ Other:



NA 823 - Ancillary Expenses Approval/Denial

MESSAGE:(Right Column)

- ☐ As of \_\_\_\_\_, the County has denied your request for payment of the following items needed for your approved ☐ Welfare to Work ☐ Cal-Learn activity or to get a job:

Item	Item
_____	_____
_____	_____
_____	_____

Here's why:

- ☐ You are not in an approved ☐ Welfare to Work ☐ Cal-Learn activity.
- ☐ The cost is not necessary because: \_\_\_\_\_
- ☐ You do not need these items for your ☐ Welfare to Work ☐ Cal-Learn activity or to get a job because: \_\_\_\_\_
- ☐ Other:

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

INSTRUCTIONS: Use to approve ancillary payments and to include any items which were not approved or to deny a request for ancillary payments.

Check the first box in the **left** column to **approve** ancillary expenses, and enter the authorization date, check the appropriate program box, and the items approved and their cost.

Check the next box if the county provides post-employment supportive services for the first 12 months after an individual has gone off aid due to employment.

Check the method of payment (Advanced to you, etc.).

Check the next box, if applicable, if there are items to be denied and enter the items denied.

In the "Here's why" section, check the first box when the item can be purchased for less and specify what the alternative item and cost is. Check the second box if the item requested is not needed for the activity or to get a job, and specify the reason the item is not necessary. When checking the "other" box, specify the reason for the action.

Check the first box in the **right** column to **deny** ancillary expenses, and enter the date the determination was made and the items denied.

In the "Here's why" section, check the first box when the client is not in an approved Welfare to Work or Cal-Learn activity. Check the second box when the item can be purchased for less, check the box for the appropriate program, and specify what the alternative item and cost is. Check the third box if the item

## NA 823 - Ancillary Expenses Approval/Denial

requested is not needed for the activity or to get a job, check the box for the appropriate program, and specify the reason the item is not necessary. When checking the "other" box, specify the reason for the action.

The EP 5, Your Hearing Rights, must be provided with this notice.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

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Your ☐ Welfare to Work ☐ Cal-Learn transportation has been extended until \_\_\_\_\_.

Nothing about your approved transportation has changed except the date your payment ends.

☐ Because the extension is less than 30 days, this is the only notice you will get telling you about the extension.

Here's why:

☐ Your approved ☐ Welfare to Work ☐ Cal-Learn activity \_\_\_\_\_ is continuing.

☐ You need the transportation to keep your job.

☐ Other:

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

# NOTIFICACION DE ACCION

CONDADO DE \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación : \_\_\_\_\_  
Nombre del caso : \_\_\_\_\_  
Número : \_\_\_\_\_  
Nombre del trabajador : \_\_\_\_\_  
Número : \_\_\_\_\_  
Teléfono : \_\_\_\_\_  
Dirección : \_\_\_\_\_  
\_\_\_\_\_

¿Tiene preguntas? Comuníquese con su trabajador.

**Audiencia con el estado:** Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo solicitarla.

(ADDRESSEE)

Se ha extendido hasta \_\_\_\_\_ su transporte en relación a ☐ WTW\* ☐ Cal-Learn\*\*.

No ha cambiado nada con respecto a su transporte aprobado, excepto la fecha en que termina su pago.

☐ Ya que la extensión es de menos de 30 días, ésta es la única notificación que usted recibirá informándole acerca de la extensión.

La razón es la siguiente:

☐ Continúa su actividad aprobada de \_\_\_\_\_ en relación a ☐ WTW ☐ Cal-Learn.

☐ Necesita el transporte para conservar su trabajo.

☐ Otra:

\*Transición de la Asistencia Pública al Trabajo

\*\*Un programa de California para la educación de los padres adolescentes que reciben asistencia monetaria

Puede llamar a su trabajador de WTW/Cal-Learn si cree que esta notificación está equivocada.

**Reglas:** Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: Normas para la Implementación de CalWORKs, secciones VII & XII; Código de Bienestar Público e Instituciones, secciones 11323.2, 11323.4, 11322.9

Auto ID No. :  
Flow Chart No. :  
Source : Welfare to Work, Cal-Learn  
Regulation Cite: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

Your ☐ Welfare to Work ☐ Cal-Learn transportation has been extended until \_\_\_\_\_.

Nothing about your transportation has changed except the date your payment ends.

☐ Because the extension is less than 30 days, this is the only notice you will get telling you about the extension.

Here's why:

☐ Your approved ☐ Welfare to Work ☐ Cal-Learn activity \_\_\_\_\_ is continuing.

☐ You need the transportation to keep your job.

☐ Other:

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

#### INSTRUCTIONS:

When an approved Welfare to Work or Cal-Learn activity is continuing, use this NOA to extend transportation services when the arrangements are exactly the same as those specified in the most recent NOA. Check the box for the appropriate program and in the first blank, fill in the date the transportation services has been extended to. If the extension is for less than 30 days, check the next box.

Under "Here's why" check the appropriate box. Fill in the name of the Welfare to Work or Cal-Learn activity. When checking the "other" box, specify the reason for the action.

The EP 5, Your Hearing Rights, must be provided with this notice.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Your payment for ☐ Welfare to Work ☐ Cal-Learn transportation for \_\_\_\_\_ is \$ \_\_\_\_\_.

This amount is less than what you asked for.

Here's why:

☐ You did not attend your ☐ approved Welfare to Work activity ☐ job on all of the ☐ days ☐ hours you asked for Welfare to Work payments.

☐ You did not attend your approved Cal-Learn assignment on all the ☐ days ☐ hours you asked for Cal-Learn payments.

☐ You asked for \_\_\_\_\_ miles, but we can only pay for \_\_\_\_\_ miles because: \_\_\_\_\_

☐ Other:

Your transportation payment is figured on this notice:

Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

## TRANSPORTATION:

☐ public transportation

X \_\_\_\_\_ rate  
= \$ \_\_\_\_\_ per \_\_\_\_\_

☐ your car's mileage

X \_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_  
= \$ \_\_\_\_\_ miles

☐ parking

\$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines Section VII & XII, Welf. & Inst. Code 11323.2, 11323.4 11322.9

Auto ID No. :  
Flow Chart No. :

Source : Welfare to Work, Cal-Learn

Regulation Cite: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

MESSAGE:

Your payment for ☐ Welfare to Work ☐ Cal-Learn transportation for \_\_\_\_\_ is \$ \_\_\_\_\_. This amount is less than what you asked for.

Here's why:

☐ You did not attend your ☐ approved Welfare to Work activity ☐ job on all the: \_\_\_\_\_ days \_\_\_\_\_ hours you asked for Welfare to Work payments.

☐ You did not attend your approved Cal-Learn assignment on all the : \_\_\_\_\_ days \_\_\_\_\_ hours you asked for Cal-Learn payments.

☐ You asked for \_\_\_\_\_ miles, but we can only pay for \_\_\_\_\_ miles because: \_\_\_\_\_.

☐ Other:

Your transportation payment is figured on this notice.

Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your activity on time. You cannot count the time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

TRANSPORTATION:

☐ public transportation

\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
= \$ \_\_\_\_\_

☐ your car's mileage

\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
x \_\_\_\_\_ miles  
= \$ \_\_\_\_\_

☐ parking

\$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

INSTRUCTIONS:

Use to notify participants when the amount paid for regular, approved transportation is less than the amount claimed, but within the authorized maximum. This NOA is sent at the same time as the payment.

Check the box for the appropriate program and in the first blank, indicate the activity for which transportation is being paid. In the second blank, list the amount of the payment.

Under "Here's why" check the appropriate box. If the first box is checked, check either the Welfare to Work activity or job box and either the days or hours box, as is appropriate. If the second box is checked, check either the days or hours box, as is appropriate, for the Cal-Learn activity. If the third box is checked, put the number of miles the participant has requested payment for, the number of miles the county is paying for, and the reason the county is paying for fewer miles than requested. When checking the "other" box specify the reason for the action.

In the computation section, check the appropriate box for the method of transportation (public, mileage, etc.) and complete all applicable computation(s) and repeat the computation if different rates are being provided. The county may use an alternate calculation when the standard computation does not explain how the payment limit was figured. Complete a separate computation for each time the service is requested.

The EP 5, Your Hearing Rights, must be provided with this notice.



# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

Effective \_\_\_\_\_, your ☐ Welfare to Work  
☐ Cal-Learn payment for ☐ transportation ☐ work or training  
related expenses for \_\_\_\_\_ will be  
\$ \_\_\_\_\_. This amount is less than you asked for.

Here's why:

You have to pay us back any money we advance to you that you do not use to pay for ☐ Welfare to Work ☐ Cal-Learn expenses.

- ☐ The proof of costs show that you did not use all of your advance for \_\_\_\_\_.
- ☐ You failed to give us proof of costs by the 10th of this month. You must give us \_\_\_\_\_.

If you give us this information, you may still get your payment up to your approved maximum payment, but it may be late.

☐ Other:

Your ☐ transportation payment ☐ work or training related expenses payment is figured on this notice.

- ☐ You still have a balance of \$ \_\_\_\_\_ for your unused advance. An amount will be taken out of your payment every month until the balance of the unused advance no longer exists. You will get a notice every month telling you about this.

- ☐ Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ will be adjusted effective \_\_\_\_\_ as follows:
  - \$ \_\_\_\_\_ your actual advance payment for \_\_\_\_\_.
  - \$ \_\_\_\_\_ your actual costs for that month.
  - = \$ \_\_\_\_\_ unused advance.
  - \$ \_\_\_\_\_ amount requested.
  - \$ \_\_\_\_\_ unused advance.
  - = \$ \_\_\_\_\_ adjusted payment.
- ☐ \$ \_\_\_\_\_ unused advance.
  - \$ \_\_\_\_\_ payment adjustment (amount requested-adjusted payment).
  - = \$ \_\_\_\_\_ balance of unused advance.

Call your Welfare to Work/Cal-Learn worker if this adjusted payment means you will not be able to stay in your

- ☐ Welfare to Work ☐ Cal-Learn activity, or if you will not be able to accept a job.

You can also call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

Auto ID No. :

Flow Chart No. :

Source : Welfare to Work, Cal-Learn

Regulation Cite: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2,  
11323.4, 11322.9

MESSAGE:

Effective \_\_\_\_\_, your ☐ Welfare to Work ☐ Cal-Learn payment for: ☐ transportation ☐ work or training related expenses for \_\_\_\_\_ will be \$ \_\_\_\_\_. This amount is less than what you asked for.

Here's why:

You have to pay us back any money we give you that you do not use to pay for ☐ Welfare to Work ☐ Cal-Learn expenses.

☐ The proof of costs shows that you did not use all of your advance for \_\_\_\_\_.

☐ You failed to give us proof of costs by the 10th of this month. You must give us: \_\_\_\_\_.

If you give us this information, you may still get your payment up to your approved maximum payment, but it may be late.

☐ Other:

Your ☐ transportation payment ☐ work or training related expenses payment is figured on this notice.

☐ You still have a balance of \$ \_\_\_\_\_ for your unused advance. An amount will be taken out of your payment every month until the balance of the unused advance no longer exists. You will get a notice every month telling you about this.

☐ Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ will be adjusted effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ your actual advance payment for \_\_\_\_\_.  
- \$ \_\_\_\_\_ your actual costs for that month.  
= \$ \_\_\_\_\_ unused advance.

\$ \_\_\_\_\_ amount requested.  
- \$ \_\_\_\_\_ unused advance.  
= \$ \_\_\_\_\_ adjusted payment.

☐ \$ \_\_\_\_\_ unused advance.  
- \$ \_\_\_\_\_ payment adjustment (amount requested - adjusted payment).  
= \$ \_\_\_\_\_ balance of unused advance.

## NA 827 - Recoupment of Unused Portion of Advance Payment

Call your Welfare to Work/Cal-Learn worker if this adjusted payment means you will not be able to stay in your ☐ Welfare to Work ☐ Cal-Learn activity, or if you will not be able to accept a job.

You can also call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

### INSTRUCTIONS:

Use this NOA to provide timely notice to Welfare to Work or Cal-Learn participants when there is an unused portion of an advance payment, and as a result, one of the supportive services payments will be reduced as appropriate:

- The supportive services reimbursement payment for the month after the month for which the advance payment was made; or
- The supportive services advance payment for the second month after the month for which the advance payment was made.

Enter the effective date. Check the box for the appropriate program and the appropriate box for the supportive services the reduced payment is intended to cover. (If there are overpayments in more than one type of supportive service, i.e. transportation and ancillary, a separate NOA must be sent for each type of overpayment). Fill in the month or period of time the reduced payment is intended to cover. Fill in the amount of the reduced payment. **THIS NOA MUST BE TIMELY.**

Under "Here's why:," check the box for the appropriate program and for the appropriate reason. If the reduction is because proof of costs were received by the 10th of the month following the month the payment was intended to cover (the current month) but did not equal the amount of the payment, check the first box and fill in the appropriate month or period of time the payment was intended to cover.

If the reduction is because proof of costs was not received by the 10th of the current month, check the second box and describe the required information that was not provided.

If the reduction is for another reason, check the "Other" box and specify the reason for the action.

Check the box for the appropriate supportive services payment being computed.

Check the next box if a balance of the unused portion of the advance payment remains after this NOA is issued. Fill in the amount of the balance.

In the right column, complete the computation. Fill in the amount of the current payment and the effective date of the payment adjustment. On the first line of the calculation, enter the total amount of the payment and the month for which the payment was intended. On the second line, enter the actual costs. On the third line, enter the amount that was unused (i.e., not supported by proof of costs). On the fourth line, enter the payment, before the adjustment is made, for the current month. On the fifth line, enter the same amount that was entered on line three of the computation. On the sixth line, fill in the reduced amount that will be issued in the current month.

Check the next box if a balance of the unused portion of the advance payment remains. On the first line, fill in the amount of the unused advance (the amount entered on lines three and five above). On the second line, fill in the difference between the amount requested and the amount of the adjusted payment (subtract the amount on line six from the amount on line four above). On the third line, fill in the amount of the balance remaining.

Check the box for the appropriate program.

The EP 5, Your Hearing Rights, must be provided with this notice.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Your payment for ☐ Welfare to Work ☐ Cal-Learn:  
☐ transportation ☐ work or training related expenses for \_\_\_\_\_ is  
\$ \_\_\_\_\_. This amount is less than you asked for. Your payment limit has not changed.

#### HERE'S WHY:

- ☐ You have to pay us back any money we advance to you that you do not use to pay for ☐ Welfare to Work ☐ Cal-Learn supportive services expenses. We subtracted that portion of your advance payment that was not used to pay for ☐ Welfare to Work ☐ Cal-Learn supportive services.
- ☐ We subtracted the amount listed in your overpayment repayment agreement dated \_\_\_\_\_.
- ☐ We subtracted the amount we figured we need to take to adjust your overpayment. We told you about this in your overpayment notice dated \_\_\_\_\_.
- ☐ Other:

Your ☐ transportation payment ☐ work or training related expenses payment is figured on this notice.

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

☐ Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ has been adjusted effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ your actual advance payment for \_\_\_\_\_.

- \$ \_\_\_\_\_ your actual costs for that month.

= \$ \_\_\_\_\_ unused advance.

\$ \_\_\_\_\_ amount requested for \_\_\_\_\_

- \$ \_\_\_\_\_ unused advance.

= \$ \_\_\_\_\_ adjusted payment.

☐ Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ has been adjusted effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ amount you asked for.

- \$ \_\_\_\_\_ amount collected because of an overpayment.

= \$ \_\_\_\_\_ adjusted payment.

Call your worker if this adjusted payment means you will not be able to stay in your ☐ Welfare to Work ☐ Cal-Learn activity, or if you will not be able to accept a job.

You can also call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

Auto ID No. :  
Flow Chart No. :  
Source : Welfare to Work, Cal-Learn  
Regulation Cite: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2,  
11323.4, 11322.9

MESSAGE:

Your payment for ☐ Welfare to Work ☐ Cal-Learn: ☐ transportation ☐ work or training related expenses for \_\_\_\_\_ is \$ \_\_\_\_\_. This amount is less than what you asked for. Your payment limit has not changed.

Here's why:

- ☐ You have to pay us back any money we advance to you that you do not use to pay for ☐ Welfare to Work ☐ Cal-Learn supportive services expenses. We subtracted that portion of your advance payment that was not used to pay for ☐ Welfare to Work ☐ Cal-Learn supportive services.
- ☐ We subtracted the amount listed in your overpayment repayment agreement dated \_\_\_\_\_.
- ☐ We subtracted the amount we figured we need to take to adjust your overpayment. We told you about this in your overpayment notice dated \_\_\_\_\_.
- ☐ Other:

Your ☐ transportation payment ☐ work or training related expenses payment is figured on this notice.

Mileage can only be paid if there is no public transportation available or it costs the same as or less than public transportation. Public transportation is available when it takes no more than two hours round trip for you to get from your home to your Welfare to Work activity on time. You cannot count the time to go to and from child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is less.

☐ Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ has been adjusted effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ your actual advance payment for \_\_\_\_\_  
- \$ \_\_\_\_\_ your actual costs for that month.  
= \$ \_\_\_\_\_ unused advance.

\$ \_\_\_\_\_ amount requested for \_\_\_\_\_  
- \$ \_\_\_\_\_ unused advance.  
= \$ \_\_\_\_\_ adjusted payment.

☐ Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ has been adjusted effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ amount you asked for  
- \$ \_\_\_\_\_ amount collected because of an overpayment  
= \$ \_\_\_\_\_ adjusted payment

## NA 828 - Transportation/Ancillary Expenses Overpayment - Payment Within Maximum

Call your worker if this adjusted payment means that you will not be able to stay in your ☐ Welfare to Work ☐ Cal-Learn activity, or if you will not be able to accept a job.

You can also call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

### INSTRUCTIONS:

THIS NOA MUST BE SENT AT THE SAME TIME AS THE REDUCED PAYMENT.

Use this NOA to:

1. Recover an unused portion of an advance payment by adjusting a future supportive services payment after the NA 827 NOA has been sent and proof of costs has been received.
2. Recover a supportive services overpayment by adjusting a future supportive services payment, either automatically or in accordance with a signed REPAYMENT AGREEMENT (WTW 12) after the WELFARE TO WORK OVERPAYMENT NOTICE (WTW 11) has been sent.

This NOA MUST BE issued each time a payment adjustment is made.

When making payment adjustments, any supportive service overpayment can be recovered from future supportive service payments from any other supportive service, so long as the supportive services were both funded with TANF monies. (If there are overpayments in more than one type of supportive service, i.e. transportation and ancillary, a separate NOA must be sent for each type of overpayment).

Check the box for the appropriate program and check the appropriate box for the supportive service the reduced payment is intended to cover. Fill in the month of the action; include the reduced payment amount.

Under "Here's why," check the appropriate reason box. If the reduction is due to an unused portion of an advance, check the first box and the appropriate program boxes. If the reduction is made in accordance with a signed REPAYMENT AGREEMENT (WTW 12), check the second box and enter the date of the REPAYMENT AGREEMENT. If the reduction is due to an automatic payment adjustment (either five or ten percent), check the third box and enter the date of the OVERPAYMENT NOTICE (WTW 11). If the reduction is due to a reason other than those listed, check the last box and specify the reason.

Check the box for the appropriate supportive services payment being computed. In the right column, complete the computation. Check the first box if you are recouping an unused portion of an advance payment. Fill in the amount of the current payment and the effective date of the payment adjustment. On the first line of the calculation, enter the total amount of the advance payment and the month for which the advance payment was intended. On the second line, enter the actual costs. On the third line, enter the amount that was unused. On the fourth line, enter the amount for the current month. On the fifth line, enter the same amount entered on line three of the computation. On the sixth line, fill in the adjusted payment for the current month.

Check the second box if you are recovering an overpayment after the WTW 11 has been sent. Fill in the amount of the current payment, the month for which it is being made and the effective date of the payment adjustment. On the first line, enter the amount of the payment, before the adjustment is made, for the current month. On the second line, enter the amount of the overpayment being deducted from the current payment. On the third line, enter the reduced amount that is to be issued.

Check the box for the appropriate program.

The EP 5, Your Hearing Rights, must be provided with this notice.

**ATTACHMENT B**

Attachment B transmits the following: The forms, messages and instructions for the CL 1,3,4,8,9,10,11 and the Notices of Action 843 and 844. Also included are current listings of all of the forms and Notices of Action that are used in the Cal-Learn program. Please note that the CL 2 was previously transmitted in All County Letter 97-72 on October 29, 1997.

# CAL-LEARN REGISTRATION/PROGRAM INFORMATION/ ORIENTATION APPOINTMENT NOTICE

DATE:

CASE NAME:

CASE NUMBER:

PHONE NUMBER:

REGISTRANT'S NAME:

## EXPLANATION OF THE CAL-LEARN PROGRAM

The Cal-Learn Program is designed to encourage and assist teen parents to stay in or return to school.

### REGISTRANT

You have been registered for the Cal-Learn program. You must participate in Cal-Learn unless you are exempt.

You must participate in the Cal-Learn program if you are pregnant or a custodial parent under the age of 19 and do not have a high school diploma or equivalent.

If you turn 19 while you are in the Cal-Learn program and have not graduated from high school or equivalent, you may be able to continue participating in the program until you turn 20 years old.

### WHAT CAL-LEARN MEANS TO YOU

- The Cal-Learn Program encourages teenage CalWORKs recipients who are pregnant or already a parent to stay in or return to school. Participants may receive cash for meeting program requirements.
- Cal-Learn participants will receive case management services and assistance with child care and transportation costs.
- Your case manager will:
  - Help you with needed health care and services available in the community.
  - Tell you about the different kinds of child care and where to find child care.
  - Ensure that you understand Cal-Learn requirements and what will happen if you do not meet these requirements.
  - Help you to develop an educational plan.
  - Watch your progress and help you to make necessary changes to your school program.

The next step for you will be to attend a Cal-Learn orientation.

You have been scheduled to attend orientation on \_\_\_\_\_

at \_\_\_\_\_ o'clock at \_\_\_\_\_

If you cannot keep this appointment, please call your Cal-Learn case manager: \_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_ to schedule another appointment.

This notice is not notification of the program requirements. The Cal-Learn program requirements will be given to you during the orientation.

**YOU MUST GO TO ORIENTATION EVEN IF YOU BELIEVE YOU MAY BE EXEMPT OR DEFERRED.**

If you think this action is wrong you may ask for a hearing. The Cal-Learn hearing rights information on the back of this form tells you how. You can also call your Cal-Learn worker if you think this notice is wrong.



**CL 1 - CAL-LEARN REGISTRATION/PROGRAM INFORMATION/ORIENTATION  
APPOINTMENT NOTICE (8/94) (revised) (required - substitutes permitted) (1/98)**

**REFER: MPP 42-764.1**

This form is to be used to inform teen parents that they are a Cal-Learn registrant and scheduled for a Cal-Learn Program orientation.

This form contains a brief general description of the Cal-Learn Program but does not include the Cal-Learn participation requirements. The form also includes a list of case management services that will be provided plus the availability of child care and transportation costs assistance. The form is to be sent to individuals who must participate in the program.

**INSTRUCTIONS:**

Enter the date the orientation has been scheduled, the time and address.

The CL 1 is NOT the notice that starts the 90-day participation clock. The CAL-LEARN PROGRAM REQUIREMENTS (CL 2) is the notice that starts the 90-day participation clock.

This form must be sent to the teen parent and the caretaker relative of the AU.

**CAL-LEARN NOTICE OF A  
PARTICIPATION PROBLEM****TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ISSUE DATE: _____	
CASE NAME: _____	CASE NUMBER: _____
CASE MANAGER NAME: _____	PHONE NUMBER: _____

If you have any questions, please call your Cal-Learn manager

There is a problem with your participation in the Cal-Learn program. In order to discuss this problem, we have scheduled an interview with you on: \_\_\_\_\_ at \_\_\_\_\_ o'clock at \_\_\_\_\_

**HERE'S THE PROBLEM:**

- ☐ You did not make adequate progress in school.
- ☐ You did not come to your Cal-Learn orientation.
- ☐ You did not turn in your report card or progress report.
- ☐ You did not go to school.
- ☐ Other: \_\_\_\_\_

If you cannot keep this interview, please call your Cal-Learn manager by \_\_\_\_\_ at \_\_\_\_\_ to schedule another interview.

Teen parents may receive a \$100 sanction for not submitting a required report card or for turning in a report card that shows less than adequate progress.

**CAL-LEARN CHILD CARE AND TRANSPORTATION ARE AVAILABLE IF YOU  
NEED THEM TO HELP YOU KEEP THIS INTERVIEW.**

**WHAT IS THE PURPOSE OF THIS INTERVIEW?**

The purpose of the interview is to find out if you had a good reason for not doing what Cal-Learn requires.  
You can get free help with this interview from:

Legal Aid  
Office

Welfare Rights  
Office

CCWRO

CL 3 - CAL-LEARN NOTICE OF A PARTICIPATION PROBLEM (1/98) (required -  
substitutes permitted)

REFER: MPP 42-764.2

This notice informs Cal-Learn participants that there is a serious problem with their participation in the Cal-Learn program. The problem is either their unsatisfactory progress, they did not attend the Cal-Learn orientation, they failed to turn in a report card, did not attend school, or any other problem the case manager determines. Included will be an appointment date scheduled for the teen to discuss this problem with their Cal-Learn case manager. The teen is requested to call their Cal-Learn case manager if they are unable to attend this appointment. This notice also lets the teen know that there is child care and transportation available if needed to keep this appointment. This also notifies the teen of the consequences of either not turning in a report card with adequate progress, or for not turning in a report card at all. The address and phone numbers are given for the legal aid, welfare rights and the California Coalition of Welfare Rights Office (CCWRO).

INSTRUCTIONS:

Complete the name and address of the Cal-Learn participant. Enter the date, time and address of the appointment to discuss the problem. After "Here's the Problem", check the appropriate box. If the "Other" box is checked, the problem must be stated.

Specify the date the participant must inform his/her case manager if he/she cannot make the appointment.

List a legal aid office, welfare rights office or CCWRO's address and telephone number. The EP 5 HEARING RIGHTS back must be mailed with this form.

If this form is being issued because the Cal-Learn participant did not attend Cal-Learn program orientation, a CL 2 must also be issued with the CL 3, CL 8 and EP 5 back.

**CAL-LEARN INFORMING NOTICE  
TO PARENT/LEGAL GUARDIAN  
OF CAL-LEARN PARTICIPANT**

ISSUE DATE: _____	
CASE NAME: _____	CASE NUMBER: _____
CASE MANAGER NAME: _____	PHONE NUMBER: _____

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to inform you that there is a problem with \_\_\_\_\_'s participation in the Cal-Learn program. The problem is that \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to discuss this problem, \_\_\_\_\_ has an appointment on \_\_\_\_\_, at \_\_\_\_\_ o'clock at \_\_\_\_\_.

You can call \_\_\_\_\_ at \_\_\_\_\_ if you have questions.

The purpose of this appointment is:

- ☐ To find out if there was a good reason for \_\_\_\_\_ not doing what Cal-Learn requires.
- ☐ To come to an agreement on a Cal-Learn participation plan.

If \_\_\_\_\_ does not have a good reason and does not agree to go to school or it's equivalent, your cash aid may be lowered.

As the parent or guardian of \_\_\_\_\_, you may also attend this meeting.

CL 4 - CAL-LEARN INFORMING NOTICE TO PARENT/LEGAL GUARDIAN OF  
CAL-LEARN PARTICIPANT (1/98) (required - substitutes permitted)

REFER: MPP 42-764.23

This form notifies parents and/or caretaker relatives that a teen parent has a participation problem in the Cal-Learn program. The notice explains exactly what the participation problem is.

INSTRUCTIONS:

Complete the name and address of the Cal-Learn participant's parent(s) or caretaker relative. Complete the teen parent's name. Explain the problem. Enter the teen parent's name who has an appointment to discuss the problem. Check the appropriate box. Again, enter the teen parent's name in the following two spaces. In the space below, additional information may be added as appropriate.

The EP 5 HEARING RIGHTS back must be issued with this form.

If this form is being issued because the Cal-Learn participant did not attend his/her Cal-Learn program orientation, a CL 2 must also be issued with the CL 4, CL 8 and EP 5 back.

**CAL-LEARN NOTICE OF  
REPORT CARD SUBMITTAL SCHEDULE**

ISSUE DATE: _____	
CASE NAME: _____	CASE NUMBER: _____
CASE MANAGER NAME: _____	TELEPHONE NO. _____

If you have any questions, please call your Cal-Learn case manager.

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On \_\_\_\_\_, ☐ we ☐ case manager decided the dates your report cards or progress reports are due.

The dates your report cards or progress reports must be given to your Cal-Learn Case Manager are as follows:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

[Your supportive services needs will be addressed in another notice.]

You must have completed 90 full days in the Cal-Learn program before you can get a bonus or sanction. You can call your case manager to find out when your 90 days begins.

If you do not receive a report card or progress report call your Cal-Learn case manager.

If you do not give your report card or progress report to your Cal-Learn case manager your aid may be lowered.

If you have good reason for not turning in your report card or progress report your aid will not be lowered but you must notify your case manager immediately of your reason.

If you think this action is wrong, you may ask for a hearing. The Cal-Learn hearing rights information on the back of this form tells you how. You can also call your Cal-Learn case manager if you think this action is wrong.

Case manager name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

RULES: These rules apply: MPP 42-766.33, 42-766.6. You may review them at your welfare office.

CL 8 - CAL-LEARN NOTICE OF REPORT CARD SUBMITTAL SCHEDULE (1/98)  
(revised) (required - substitutes permitted)

REFER: MPP 42-766.33 and 42-766.4

This notice informs parents or caretaker relatives and teen parents of the dates report cards are due and that they must be submitted to their case manager. It further informs teen parents that they must call their case managers immediately if they do not receive any type of report card or if they have a good reason for not turning in their report card. It also informs teen parents that if they fail to give their report card to their case managers, their cash aid may be lowered. In addition, it informs teen parents that their supportive services needs will be addressed in a separate notice.

INSTRUCTIONS:

Complete teen parents name and address. Enter date of decision. Enter the four dates the report card is due.

Attach the EP 5 HEARING RIGHTS back.

If a teen parent did not attend his/her Cal-Learn program orientation and the case manager must develop a report card submittal schedule, use this form. Send along with the CL 2, CAL-LEARN PROGRAM REQUIREMENTS, CL 3, CAL-LEARN NOTICE OF A PARTICIPATION PROBLEM and EP 5 HEARING RIGHTS back.

This notice must be sent to the teen parent and the caretaker relative of the AU.

**CAL-LEARN NOTICE OF  
NO GOOD CAUSE DETERMINATION**

ISSUE DATE:	
CASE NAME:	CASE NUMBER:
CASE MANAGER NAME:	PHONE NUMBER:

If you have any questions, please call your Cal-Learn case manager

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On \_\_\_\_\_, you failed to:

- ☐ Give your Cal-Learn case manager a copy of your report card or progress report.
- ☐ Get a "D" grade or 1.0 grade point average.
- ☐ Make progress in school.

We reviewed your case and decided that you did not have a good reason for not doing what Cal-Learn requires.

Because you did not have good reason for not doing what Cal-Learn requires your cash aid will be lowered.

**PARTICIPATION PLAN**

In order to help you correct any problems that have kept you from doing what Cal-Learn requires, we have scheduled an appointment with you on \_\_\_\_\_ at \_\_\_\_\_ o'clock at \_\_\_\_\_.

We will work with you on a plan for your participation in Cal-Learn. If you cannot keep this appointment, please call your Cal-Learn case manager at \_\_\_\_\_.

**CAL-LEARN CHILD CARE AND TRANSPORTATION ARE AVAILABLE  
IF YOU NEED THEM TO HELP YOU KEEP THIS APPOINTMENT**

If you think this action is wrong, you may ask for a hearing. The Cal-Learn Hearing Rights information on the back of this form tells you how. You can also call your Cal-Learn case manager if you think this notice is wrong.

RULES: These rules apply: MPP 42-766.28, 42-766.64. You may review them at your welfare office.

You can get free help with this notice from:

**Legal Aid  
Office**

**Welfare Rights  
Office**

**CCWRO**



CL 9 - CAL-LEARN NOTICE OF NO GOOD CAUSE DETERMINATION (1/98) (revised)  
(required - substitutes permitted)

REFER: MPP 42-766.28, 42-766.633 and 42-766.64

Use this notice to inform teen parents that they have been found to be without good cause for failing or refusing to comply with Cal-Learn program requirements. It also identifies the reason(s) for such a determination and indicates the scheduled appointment date on which the teen parent and the Cal-Learn case manager can meet to discuss the problem. It also informs a teen parent of the right to appeal the determination.

INSTRUCTIONS:

Complete name and address. Enter date of determination. Check appropriate box. Enter appointment date, time and address. Enter telephone number.

Attach the EP 5 HEARING RIGHTS back to this form.

**CAL-LEARN NOTICE OF  
EXEMPTION / DEFERRAL**

ISSUE DATE:	
CASE NAME:	CASE NUMBER:
WORKER NAME:	WORKER NO.:

If you have any questions, please call your Cal-Learn case manager or your county worker.

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to inform you that you are:

☐ exempt from Cal-Learn.

☐ deferred from Cal-Learn.

HOWEVER, THIS DOES NOT MEAN THAT YOU DO NOT HAVE TO GO TO SCHOOL. THE CALIFORNIA EDUCATION CODE SECTION 48200 REQUIRES THAT YOU MUST STILL ATTEND SCHOOL.

The following tells you why you are exempt or deferred:

**EXEMPTION:**

A teen parent is exempt if he or she:

- ☐ Is ill, injured, or physically unable to go to school.
- ☐ Is expelled from school and enrollment in an other school cannot be arranged.
- ☐ Cannot get child care or transportation for 3 or more months.
- ☐ A CalWORKs-foster care payment is made on behalf of the teen parent.

Because you are exempt, you will not receive Cal-Learn services.

**DEFERRAL:**

A teen parent is deferred if he or she:

- ☐ Needs supportive services or case management services which are temporarily not available.
- ☐ Case management services are not available.
- ☐ Has a special need that deprives the teen parents ability to meet program requirements.
- ☐ Needs time to recover from child birth.

Because you are deferred, you will not get Cal-Learn supportive services but will get case management services unless the case management services are not available.

If you think this action is wrong, you may ask for a hearing. The Cal-Learn hearing rights information on the back of this form tells you how. You can also call your Cal-Learn case manager if you think this action is wrong.

**RULES:** These rules apply MPP 42-763.2, 42-763.3. You may review them at your welfare office.

CL 10 - CAL-LEARN NOTICE OF EXEMPTION/DEFERRAL (1/98) (revised) (required - substitutes permitted)

REFER: MPP 42-763.2 and 42-763.3

Use this form to inform teen parents if they are exempt from participating in Cal-Learn program or deferred from sanctions and bonuses. A description of how long a teen parent is exempt or deferred is also given. The notice informs exempt individuals that they will not receive any Cal-Learn services and teen parents who are deferred will be eligible to receive case management services if available.

INSTRUCTIONS:

Complete name and address of teen parent. Enter effective date. Check appropriate box. Enter beginning date and ending date for exemption or deferral.

Attach the EP 5 HEARING RIGHTS back.

**CAL-LEARN - NOTICE OF INCOMPLETE GRADES**

ISSUE DATE:	
CASE NAME:	CASE NUMBER:
CASE MANAGER NAME:	PHONE NUMBER:

On \_\_\_\_\_, you gave a report card to your case manager that had incomplete grades.

You have \_\_\_\_\_ days from \_\_\_\_\_ to give your case manager a report card with a complete grade(s).

If a new report card is turned in by the end of the \_\_\_\_\_ day period that shall be the one to determine adequate, satisfactory or unsatisfactory progress. The case manager shall treat the report card as having been submitted as required under Section 42-766.63.

A bonus or sanction will be applied according to the grades received by the end of the \_\_\_\_\_ day period.

If you do not turn in a report card with complete grades, the incomplete grade(s) will be considered a failing (F) grade(s).

CL 11 - CAL-LEARN NOTICE OF INCOMPLETE GRADES (1/98) (required - substitutes permitted)

REFER: MPP 42-766.65

This notice informs the teen parent and parent/caretaker relative that the report card submitted to the case manager contained an incomplete grade(s). It also stipulates that the teen parent has 30 days from the date given to turn in a report card with complete grades. Adequate, satisfactory or unsatisfactory progress will be determined by the new report card. A bonus or sanction may also be applied as necessary. If a new report card is not turned in with complete grade(s), then the original report card with the incomplete grade(s) will be considered as a failing grade.

INSTRUCTIONS:

Enter the date of determination. Enter the number of days the teen has to give the report card to the case manager. Include telephone number of case manager.

Attach the EP 5 HEARING RIGHTS back.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Cal-Learn Case Manager.

**State Hearing:** If you think this action is wrong, you may ask for a hearing. The back of this page tells you how.

As of \_\_\_\_\_, the county is taking you out of the Cal-Learn program.

Here's why:

- ☐ You turned 20 years old of age and can no longer participate in the Cal-Learn program.
- ☐ You have successfully graduated from high school or it's equivalent.
- ☐ You have turned 19 years old and chose not to continue to participate in the Cal-Learn program.
- ☐ You have turned 19 years old and are not eligible to volunteer to continue participating in the Cal-Learn program.
- ☐ Your child is no longer in your CalWORKs assistance unit.
- ☐ You are no longer getting cash aid.
- ☐ Other

If you are receiving cash aid you must participate in Welfare to Work activities. To find out when you will begin participating and what must be done. Contact \_\_\_\_\_.

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-766.67.

**State of California**  
**Department of Social Services**

Auto ID No.	:		Manual Msg. No.	:	NA 843 1 of 1
Flow Chart No.	:		Action	:	Discontinue
Source	:	CAL-LEARN	Reason	:	Ineligible
Regulation Cite	:	M42-766.67 (CalWORKs Implementation Guidelines Section XII)	Title:	No Longer Eligible to Participate	
			Form No.	:	NA 801
			Effective Date	:	01/01/98
			Revision Date	:	

**MESSAGE:**

As of \_\_\_\_\_, the County is taking you out of the CAL-LEARN program.

**Here's why:**

- ☐ You turned 20 years old and can no longer participate in the CAL-LEARN program.
- ☐ You have successfully graduated from high school or it's equivalent.
- ☐ You are 19 years old and chose not to continue to participate in the CAL-LEARN program.
- ☐ You have turned 19 years old and are not eligible to volunteer to continue participating in the CAL-LEARN program.
- ☐ Your child is no longer in your CalWORKs assistance unit.
- ☐ You are no longer getting cash aid.
- ☐ Other:

If you are receiving cash aid, you must participate in welfare-to-work activities. To find out when you will begin participating and what must be done, contact \_\_\_\_\_.

If you have any questions, ask your CAL-LEARN Case Manager.

**INSTRUCTIONS:**

Use to discontinue a teen's participation in CAL-LEARN.

Enter the date the determination was made. In the "Here's why" section, check the appropriate box and complete all other applicable information. When checking the "other" box, specify the reason for the action. THIS NOTICE MUST BE TIMELY AND IN ACCORDANCE WITH MPP SECTION 22-022.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Cal-Learn Case Manager.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

This notice is being sent to you because you are a Cal-Learn participant or have a Cal-Learn teen parent in your assistance unit that can get a cash bonus or penalty based on report card grades.

The county has figured that for the report card period of \_\_\_\_\_ through \_\_\_\_\_ your CalWORKs grant will not change.

Here's why:

- ☐ \_\_\_\_\_ received grades of D average.
- ☐ Other: \_\_\_\_\_

You can call your Cal-Learn case manager if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-766.632.



**State of California**  
**Department of Social Services**

Manual Msg. No. : NA 844  
Action : Inform  
Reason : No Change in Grant  
Title: Adequate Progress Informing Notice  
Form No. : NA 801  
Effective Date : 01/01/98  
Revision Date :

Auto ID No. :  
Flow Chart No. :  
Source : Welfare-to-Work/Cal-Learn  
Regulation Cite : M42-766.632

**MESSAGE:**

This notice is being sent to you because you are a Cal-Learn participant or have a Cal-Learn teen parent in your assistance unit that can get a cash bonus or penalty based on report card grades.

The county has figured that for the report card period of \_\_\_\_\_ through \_\_\_\_\_ your CalWORKs grant will not change.

Here's why:

☐ \_\_\_\_\_ received grades of D average.

☐ Other: \_\_\_\_\_

You can call your Cal-Learn case manager if you think this notice is wrong.

If you have any questions, ask your Cal-Learn Case Manager.

**INSTRUCTIONS:**

Use to inform AU/Teen Parent when the teen will not receive a bonus or sanction.

Enter the dates of the report card period.

In the "Here's why" section, check the appropriate box for reason of no change. When checking the "other" box specify the reason for the action.

## CAL-LEARN FORMS

The following is a complete list of forms that are used for the Cal-Learn program.

FORM#	CURRENT DATE	DESCRIPTION
CL 1	(1/98)	CAL-LEARN REGISTRATION/PROGRAM INFORMATION/ORIENTATION APPOINTMENT NOTICE [REVISED]
CL 2	(1/98)	CAL-LEARN PROGRAM REQUIREMENTS [REVISED]
CL 3	(1/98)	CAL-LEARN NOTICE OF A PARTICIPATION PROBLEM [REVISED]
CL 4	(1/98)	CAL-LEARN INFORMING NOTICE TO PARENT/LEGAL GUARDIAN OF CAL-LEARN PARTICIPANT
WTW 11	(1/98)	WELFARE TO WORK / CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT/UNDERPAYMENT NOTICE [REPLACES THE CL 5 (5/97), AND THE GAIN 58 (1/96)]
WTW 12	(1/98)	WELFARE TO WORK / CAL-LEARN SUPPORTIVE SERVICES REPAYMENT AGREEMENT [REPLACES THE CL 6 (5/97), AND THE GAIN 57 (1/96)]
WTW 13	(1/98)	WELFARE TO WORK / CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT FINAL NOTICE [REPLACES THE CL 7 (5/97), AND THE GAIN 59 (1/96)]
CL 8	(1/98)	CAL-LEARN NOTICE OF REPORT CARD SUBMITTAL SCHEDULE [REVISED]
CL 9	(1/98)	CAL-LEARN NOTICE OF NO GOOD CAUSE DETERMINATION [REVISED]
CL 10	(1/98)	CAL-LEARN NOTICE OF EXEMPTION/DEFERRAL [REVISED]
CL 11	(1/98)	CAL-LEARN NOTICE OF INCOMPLETE GRADES

## CAL-LEARN PROGRAM NOTICES OF ACTION (NOAs)

The following is a complete list of Notices of Action that are used for the Cal-Learn program.

FORM#	CURRENT DATE	DESCRIPTION
EP 5	(1/98)	HEARING RIGHTS
NA 820	(1/98)	CAL-LEARN, WELFARE-TO-WORK TRANSPORTATION APPROVAL
NA 821	(1/98)	TRANSPORTATION DENIAL/DISCONTINUANCE
NA 822	(1/98)	TRANSPORTATION CHANGE
NA 823	(1/98)	ANCILLARY EXPENSES APPROVAL/DENIAL
NA 824	(1/98)	TRANSPORTATION EXTENSION
NA 825	(1/98)	TRANSPORTATION PAYMENT ADJUSTMENT
NA 827	(1/98)	RECOUPMENT OF UNUSED PORTION OF ADVANCED PAYMENT
NA 828	(1/98)	TRANSPORTATION AND ANCILLARY EXPENSES OVERPAYMENT WITHIN MAXIMUM
NA 832	(1/98)	CALWORKS, CAL-LEARN CHILD CARE PROGRAM APPROVAL
NA 833	(1/98)	CALWORKS, CAL-LEARN CHILD CARE CHANGE
NA 834	(1/98)	CALWORKS, CAL-LEARN CHILD CARE PAYMENT DENIAL
NA 835	(1/98)	CALWORKS, CAL-LEARN CHILD CARE PAYMENT DISCONTINUE
NA 843	(1/98)	NO LONGER ELIGIBLE TO PARTICIPATE
NA 844	(1/98)	CAL-LEARN NOTICE OF ADEQUATE PROGRESS

## **ATTACHMENT C**

Attachment C transmits the form and instructions for the revised EP 5 Hearing Rights back that is used for the Cal Learn, Welfare to Work and CalWORKS Child Care programs.

## YOUR HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in Cal-Learn/Welfare to Work, your activity, or your supportive services.
- Asking for a hearing will not affect your CalWORKs cash aid.
- You have only 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

## WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your Welfare to Work status or your activity:

- You do not have to participate.
- You can keep going to an unapproved self-initiated program, but we will not pay you any Welfare to Work supportive services or give you any other services.
- You can keep going or start going to an activity different from the one we referred you to, but we will not pay you any Welfare to Work supportive services or give you any other Welfare to Work services.
- You cannot keep going or start going to an activity different from the one we referred you to if the activity is open to Welfare to Work participants only.

If you disagree with the County's decision about your Cal-Learn status or your activity:

- You cannot come into the Cal-Learn program if we have told you we cannot serve you.
- Cal-Learn will pay only Cal-Learn supportive services for an approved Cal-Learn activity.

To get supportive services payments, you must go to the activity the County has asked you to go to.

If you disagree with the County's decision about your supportive services payments, and you attend your approved activity, the County will pay supportive services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you go to your activity.
- If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the County pays while you wait for a hearing decision is not enough, you can stop going to your activity.

You may get free legal help at your local legal aid office or welfare rights group, or from the CCWRO.

## HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

### HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my

(Check appropriate program box)

☐ Cal-Learn ☐ Welfare to Work

(Check appropriate action box)

☐ Status ☐ Activity ☐ Supportive Services

☐ Other (list) \_\_\_\_\_

Here's why:

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☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

Name \_\_\_\_\_

Address \_\_\_\_\_

I need an interpreter at no cost to me. My language or dialect is: \_\_\_\_\_

☐ I want a copy of this page sent to me.

My Name: \_\_\_\_\_

(Print)

Address: \_\_\_\_\_

My Case Number: \_\_\_\_\_

My signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

## **EP 5 INSTRUCTIONS**

When issuing NOAs in the Welfare to Work, Cal-Learn and CalWORKs Child Care programs, counties must use the appropriate back which is the hearing rights. The hearing rights back is the EP 5 (1/98) form.